

REQUEST TO CHANGE THE DAYS YOU WORK DURING THE SAME WEEK ON A TEMPORARY BASIS.

→FOR TIME OFF, PLEASE USE THE REQUEST FOR TIME OFF FORM.

(PLEASE PRINT)

EMPLOYEE NAME:	
-----------------------	--

WEEK 1

REGULAR SCHEDULE:	From (date):			To (date):			Total Weekly Regular Hours:	
	SUN	MON	TUES	WED	THURS	FRI		
▶ HOURS:								
NEW SCHEDULE:	From (date):			To (date):			Total Weekly NEW Hours:	
	SUN	MON	TUES	WED	THURS	FRI		
▶ HOURS:								
OTHER EXPLANATION OR COMMENT:								

 EMPLOYEE SIGNATURE _____
DATE

 SUPERVISOR SIGNATURE _____
DATE

WEEK 2

REGULAR SCHEDULE:	From (date):			To (date):			Total Weekly Regular Hours:	
	SUN	MON	TUES	WED	THURS	FRI		
▶ HOURS:								
NEW SCHEDULE:	From (date):			To (date):			Total Weekly NEW Hours:	
	SUN	MON	TUES	WED	THURS	FRI		
▶ HOURS:								
OTHER EXPLANATION OR COMMENT:								

 EMPLOYEE SIGNATURE _____
DATE

 SUPERVISOR SIGNATURE _____
DATE

Fax completed form to (916) 983-5924